PTO/SB/17 (12-04)
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February to the	Effective on 12		(N D A818)		Comp	olete If Known	
C PAR			_ ' '	Application Number	10/817,172		
FEE TRANSMITTAL				Filing Date	April 2, 2004		
JUN 0 2 2005 g for FY 2005			First Named Inventor	Donald P. Bus	hby		
\$				Examiner Name			
Applicantelai	ms small entity	status. See 37 C	FR 1.27	Art Unit			
TOTAL AMOUNT	OF PAYMENT	(\$) 300.00		Attorney Docket No.	15597US01		
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify):							
Deposit Account Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy							
For the above-identified deposit account, the Director is hereby authorized to (check all that apply)							
Charge Fee(s) indicated below Charge Fee(s) indicated below, except for the filing fee							
Charge any additional fee(s) or underpayments of fees(s) Credit any overpayments under 37 CFR 1.16 and 1.17							
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FEE CALCULATION	N						
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
ļ	F	FILING FEES Small Entity	SE	ARCH FEES Small Entity	EXAMIN	ATION FEES	
Application T	<u>ype Fee (\$</u>	Fee(\$)	<u>Fee(\$)</u>	Fee(\$)	<u>Fee(\$)</u>	Small Entity Fee(\$)	Fees Paid(\$)
Utility	300	150	500	250	200	100	
. Design	200	100	100	50	130	65	
Plant	. \ 200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES Small Entity							
Fee Description Fach claim over 20	or for Reissues	each claim over 1	20 and more	than in the original pa	atont		ee(\$)
				t claim more than in t			50 25 200 100
Multiple dependent of					no ongmar par		360 180
<u>Total Claims</u>	Ē	Extra Claims	Fee(\$)	Fee Paid (\$)		Multiple Depe	ndent Claims
40	-20 or HP	12 x	25.00	= 300.00	_	<u>Fee</u>	Fee Paid (\$)
Indep. Claims		ms paid for, if great Extra Claims	Fee(\$)	Foo Boid (\$)	_		
indep. Claims	-3 or HP	X		Fee Paid (\$)			
HP = highest number of independent claims paid for, if greater than 3							
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets		Sheets		f each additional 50			Fee Paid(\$)
	-100	/50	(rou	ind up to a whole nun	nber)	х	=
4. OTHER FEE(S) Fee Paid(\$)							
Non-English Specification, \$130 fee (no small entity discount)							
Other:							

SUBMITTED BY			<u> </u>	I Dostatadia N-			
Signature	Dan	4/7/	ety,	Registration No. (Attorney/Agent)	52,119		(312)775-8000
Name (print/type)	David 7 Petty	•				Data	1 1 0 0005



PATENT APPLICATION OF: **CERTIFICATE OF MAILING BY EXPRESS MAIL** Donald P. Bushby EXPRESS MAIL NO. EV 164037346 US SERIAL NO.: 10/817,172) I hereby certify that this correspondence is FILED: April 2, 2004) being deposited with the United States Postal) Service as Express Mail Post Office to FOR: SYSTEM FOR TREATMENT OF) Addressee with sufficient postage on the date **PLANTAR FASCIITIS**) indicated below and is addressed) Commissioner for Patents, P.O. Box 1450,) Alexandria, VA 22313-1450. David Z. Petty Reg. No. 52,119 Date: June 2, 2005

PRELIMINARY AMENDMENT PURSUANT TO 37 C.F.R. §1.121

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Examiner:

Prior to examination and issuance of any office action in this application, please amend the application in this case as follows:

06/06/2005 JBALINAN 00000104 130017 10817712 01 FC:2202 300.00 DA